

STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
95 PLEASANT STREET
CONCORD, NH 03301-3593

CHECK ONE BOX BELOW:

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APPLICATION FOR REIMBURSEMENT OF PAID ADJUSTED TOTAL DISABILITY BENEFITS
FROM SPECIAL FUND FOR ACTIVE CASES, RSA 281-A:29, 281-A:30

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APPLICATION FOR REIMBURSEMENT OF PAID COMBINED EARNINGS DIFFERENTIAL
FROM SPECIAL FUND FOR SECOND INJURIES, RSA 281-A:15 III, 281-A:55

Employee Name	Social Security Number
Street	Date of Injury
City, State and Zip Code	Avg. Weekly Wage at Time of Injury (primary employment)
Employer Name	Avg. Weekly Wage at Time of Injury (concurrent employment, if applicable)
Street	Original Compensation Rate (Primary Employment)
City, State and Zip Code	Adjusted or Combined Earnings Compensation Rate

Effective date of RSA 281-A:29 Adjustment (if applicable): July 1, _____

Dates Covered by this Reimbursement Request are: _____

Total Amount to be Reimbursed is \$ _____.

Application is made for reimbursement as set forth herein. Payments made through December 31 of the previous calendar year should be included. Do not include payments made in the current calendar year. All requests for reimbursement shall be forwarded to the Department of Labor **no later than September 1.**

Date	Signature
	Insurance Carrier
Adjusting Office Number	Street
	City, State and Zip Code

FOR LABOR DEPARTMENT USE:

Approved by: _____

Date: _____

Paid: _____ Check No. _____ Date: _____

Comments: